MODELS OF DISABILITY FOR LEARNERS WITH SPECIAL EDUCATIONAL NEEDS

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ABSTRACT

Inclusive education is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual. The ultimate goal of inclusive education is to end all forms of discrimination and foster social cohesion. (UNESCO)

According to the International Standard Classification of Education (ISCED-97) (UNESCO, 1997), the term Special Needs Education (SNE) means educational intervention and support designed to address SEN. The term "SNE" has come into use as a replacement for the term "Special Education". The earlier term was mainly understood to refer to the education of children with disabilities that takes place in special schools or institutions distinct from, and outside of, the institutions of the regular school and university system. In many countries today a large proportion of disabled children are in fact educated in institutions under the regular system. Moreover, the concept of children with SEN extends beyond those who may be included in handicapped categories to cover those who are failing in school, for a wide variety of reasons that are known to be likely impediments to a child's optimal progress. Whether or not this more broadly defined group of children is in need of additional support, depends on the extent to which schools need to adapt their curriculum, teaching, and organisation and/or to provide additional human or material resources so as to stimulate efficient and effective learning for these pupils. The shifting approaches to disability have translated into very diverse policies and practices. The various models of disability impose differing responsibilities on the States, in terms of action to be taken, and they suggest significant changes in the way disability is understood. Law, policy, programmes, and rights instruments reflect two primary approaches or discourses: disability as an individual pathology and as a social pathology. Within these two overriding paradigms, the four major identifiable formulations of disability are: the charity model, the bio-centric model, the functional model, and the human rights model.

Introduction:

Inclusive education is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual. The ultimate goal of inclusive education is to end all forms of discrimination and foster social cohesion. (UNESCO)

Article 26 of the Universal Declaration of Human Rights, in particular, adopted by the General Assembly of the United Nations on December 10, 1948, recognises that everyone has the right to education and that education shall be directed towards the full development of the human personality and towards the strengthening of respect for human rights and fundamental freedoms. A significant landmark toward advancing inclusive education is the legally binding Convention on the Rights of Persons with Disabilities (CRPD), which was adopted by the United Nations in December 2006 and currently has 139 signatories. Article 24 not only asserts that '… States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to the full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity,' but also ensures that 'effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.'

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However, only in a few instances and documents, across the various States of the country, has SEN been accepted in its broad perspective. On the whole, the focus has remained on learners with specific disabilities. This view is supported by the fact that the draft Inclusive Education Scheme (MHRD, 2003), which addresses the needs of learners with disabilities, focuses on the following categories of dis-

ability: visual disabilities (blind and low vision), speech and hearing disabilities, locomotor disabilities, and neuromusculoskeltal and neuro-developmental disorders, including cerebral palsy, autism, mental retardation, multiple disability, and learning disabilities.

Models of Disability:

The shifting approaches to disability have translated into very diverse policies and practices. The various models of disability impose differing responsibilities on the States, in terms of action to be taken, and they suggest significant changes in the way disability is understood. Law, policy, programmes, and rights instruments reflect two primary approaches or discourses: disability as an individual pathology and as a social pathology. Within these two overriding paradigms, the four major identifiable formulations of disability are: the charity model, the bio-centric model, the functional model, and the human rights model.

1. The Charity Model

The charity approach gave birth to a model of custodial care, causing extreme isolation and the marginalisation of people with disabilities. Unfortunately, in some contemporary practices the reflection of this model can still be traced. For instance, the findings of an investigative project undertaken by the National Human Rights Commission of India between 1997–99 confirmed that a large number of mental health institutions today are still being managed and administered on the custodial model of care—characterised by prison-like structures with high walls, watchtowers, fenced wards, and locked cells. These institutions functioned like detention centres, where persons with mental illness were kept chained, resulting in tragedies like the one at "Erwadi" in Tamil Nadu, in which more than 27 inmates of such a centre lost their lives.

2. The Bio-centric Model

The contemporary bio-centric model of disability regards disability as a medical or genetic condition. The implication remains that disabled persons and their families should strive for "normalisation", through medical cures and miracles. Although, biology is no longer the only lens through which disability is viewed in law and policy, it continues to play a prominent role in determining programme eligibility, entitlement to benefits, and it also influences access to rights and full social participation (Mohit, 2003).

A critical analysis of the development of the charity and bio-centric models suggests that they have grown out of the "vested interests" of professionals and the elite to keep the disabled "not educable" or declare them mentally retarded (MR) children and keep them out of the mainstream school system, thus using the special schools as a "safety valve" for mainstream schools (Tomlinson, 1982). Inclusive education offers an opportunity to restructure the entire school system, with particular reference to the curriculum, pedagogy, assessment, and above all the meaning of education (Jha, 2002).

3. The Functional Model

In the functional model, entitlement to rights is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent to exercise his/her rights. For example, a child's right to education is dependent on whether or not the child can access the school and participate in the classroom, rather than the obligation being on the school system becoming accessible to children with disabilities.

4. The Human Rights Model

The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights. The relevant concepts in this model are:

• Diversity

The Greek philosopher, Aristotle, once said that "things that are alike should be treated alike, whereas things that are unalike should be treated unalike in proportion to their un-alikeness." The principle of respect for difference and acceptance of disability as part of human diversity and humanity is important, as disability is a universal feature of the human condition.

• Breaking Down Barriers

Policies that are ideologically based on the human rights model start by identifying barriers that restrict disabled persons' participation in society. This has shifted the focus in the way environments are arranged. In education, for example, where individuals were formerly labelled as not educable, the human rights model examines the accessibility of schools in terms of both physical access (i.e., ramps, etc.) and pedagogical strategies.

• Equality and Non-Discrimination

In international human rights law, equality is founded upon two complementary principles: non discrimination and reasonable differentiation. The doctrine of differentiation is of particular importance to persons with disabilities, some of who may require specialised services or support in order to be placed on a basis of equality with others. Differences of treatment between individuals are not discriminatory if they are based on "reasonable and objective justification". Moreover, equality not only implies preventing discrimination (for example, the protection of individuals against unfavourable treatment by introducing antidiscrimination laws), but goes far beyond, in remedying discrimination. In concrete terms, it means embracing the notion of positive rights, affirmative action, and reasonable accommodation.

• Reasonable Accommodation

It is important to recognise that reasonable accommodation is a means by which conditions for equal participation can be achieved, and it requires the burden of accommodation to be in proportion to the capacity of the entity. In the draft Comprehensive and Integral and International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities, "reasonable accommodation" has been defined as the "introduction of necessary and appropriate measures to enable a person with a disability fully to enjoy fundamental rights and freedoms and to have access without prejudice to all structures, processes, public services, goods, information, and other systems."

• Accessibility

The United Nations Economic and Special Commission for Asia and the Pacific (UNESCAP) has defined "accessibility" as "the measure or condition of things and services that can readily be reached or used (at the physical, visual, auditory and/or cognitive levels) by people including those with disabilities" (Rioux and Mohit, 2005).

• Equal Participation and Inclusion

By focussing on the inherent dignity of the human being, the human rights model places the individual at centre stage, in all decisions affecting him/her. Thus, the human rights model, respects the autonomy and freedom of choice of the disabled, and also ensures that they, themselves, prioritise the criteria for support programmes. It requires that people with disabilities, and other individuals and institutions fundamental to society, are enabled to gain the capacity for the free interaction and participation vital to an inclusive society.

• Private and Public Freedoms

The human rights approach to disability on the one hand requires that the States play an active role in enhancing the level of access to public freedoms, and on the other requires that the enjoyment of rights by persons with disabilities is not hampered by third-party actors in the private sphere. Educational institutions and industry, both in the public and private sectors, should ensure equitable treatment to persons with disabilities.

Conclusion:

The shifting approaches to disability have translated into very diverse policies and practices. The various models of disability impose differing responsibilities on the States, in terms of action to be taken, and they suggest significant changes in the way disability is understood. Law, policy, programmes, and rights instruments reflect two primary approaches or discourses: disability as an individual pathology and as a social pathology. Within these two overriding paradigms, the four major identifiable formulations of disability are: the charity model, the bio-centric model, the functional model, and the human rights model. The charity approach gave birth to a model of custodial care, causing extreme isolation and the marginalisation of people with disabilities. The contemporary bio-centric model of disability regards disability as a medical or genetic condition. In the functional model, entitlement to rights is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent to exercise his/her rights and the human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights.

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